

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3868

State File No. \_\_\_\_\_

FILED MAR 6 1948

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Audrain,

(b) City or town Mexico, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
508 E. Home St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 6 Weeks.  
years, months or days

3. (a) PRINT FULL NAME Lorena Paulina Flemming.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Joseph L. Flemming.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 2, 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>10</u>	hr. _____ min.

9. Birthplace Audrain County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business Home.

MOTHER FATHER

12. Name William Haynes.

13. Birthplace Audrain County, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Tally.

15. Birthplace Audrain County, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Fisher.

(b) Address Woodward, Oklahoma.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 2-15-1948.  
(Month) (Day) (Year)

(c) Place: burial or cremation Santa Fe, Missouri.

18. (a) Signature of funeral director Clyde Wilcox.

(b) Address Perry, Missouri.

19. (a) 2/15/48  
(Date received local registrar)

(b) Bronche Neely  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Audrain.

(c) City or town Santa Fe, Missouri.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th.  
year 1948 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1 1947 to Feb 12th 1948 that I last saw her alive on Feb 11th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative neuropathic heart failure

Due to General arteriosclerosis

Due to Metastatic Ca. to Cervical Cord from adenocarcinoma of uterus

Other conditions Ca of uterus  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harry J. O'Brien (M. D. or other)

Address Mexico, Mo Date signed 2/15/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 3-48-434  
Date MAR 4 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*John F. Ellis*  
working under my personal supervision.

Registered Apprentice No. 494

Signed *Clyde Wilkey*

Licensed Embalmer No. 3820

P. O. Address *Perry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.